

# **Mississippi State Department of Health Office of Emergency Planning and Response**

## **Mississippi Emergency Medical Services Advisory Council**

**December 11, 2003**

### **Council Members Present**

Dr. Brian Amy, State Health Officer – Chairman

Dr. Hugh Gamble

Dr. Bennie Wright

Dr. Charles Piggott

Ms. Christine Weiland

Mr. Greg Davis

Mr. Steve Delahousey

Mr. Bob McDonald

Dr. Robert Galli

Dr. John Braham

Dr. John Nelson

Mr. Ike Roebuck

Mr. Wade Spruill

Mr. John Gates

Mr. John Riggs

### **OPER Staff Present**

Mr. Jim Craig – OEPR Director

Mr. Scott Stinson

Mr. Claude Dowden

Ms. Alisa Williams

Mr. Keith Parker

### **Call to Order**

The Chairman called the Mississippi EMS Advisory Council to order at approximately 9:00 AM. Mr. Ike Roebuck moved to accept the minutes of the previous meeting as written. Mr. Wade Spruill voiced a second and the motion carried by unanimous vote.

### **Directors Report**

Mr. Jim Craig briefed the Council on MSDH-OPER activities since the last meeting.

Mr. Craig discussed the following:

- For the first time, Mississippi's graduating Associate Degree Paramedic students earned a 76 percent pass rate overall on the National Registry.
- Three CoAEMSP inspections were conducted East Central, Northwest, and Itawamba Community College Paramedic programs. All three institutions did very well.

- OEPR will travel to Gulfport and Southhaven to conduct the EMT-Basic National Registry test. This is being done to help facilitate the enrollment of the Paramedic programs.
- Registration packets were sent to all re-certifying EMTs due in 2004. Should anyone know of a candidate who had not received a packet, please have them contact the Office of EPR.

### **Old Business**

There was no old business presented to the council.

### **New Business**

Recommendations to the Advisory Council from the MDTQA Committee meeting of October 16, 2003 were presented.

Mr. Steve Delahousey moved to accept the recommendation and add the five (5) proposed optional skills; Oro/Nasogastric tube insertion, C-Pap/Bi-Pap management, Umbilical vein cannulation, and INT placement to Section 8.16.\*Z of the proposed Mississippi EMS Laws, Rules, and Regulations out for public comment. The motion also included acceptance of the language to amend the scope of practice of a Paramedic to define "direct supervision of a physician to be inclusive of an approved telemedicine system". A second was received from Mr. Wade Spruill and the vote was unanimously affirmative.

There was a lengthy discussion concerning the hour length of the Paramedic curriculum. The Community College requirement is currently 1750 hours. The advisory Council approved a change to 1200 hours at the July 10, 2003 meeting. This 1200-hour number was incorporated into the proposed Rules and Regulations that are up for public comment. During the MDTQA Committee meeting of October 16, 2003, there was a unanimously approved resolution to petition the Advisory Council to reconsider and adopt a 1500-hour curriculum. Dr. Galli recommended that discussion of this topic be postponed pending disposal of the current proposed Rules and Regulations by the Mississippi State Board of Health at their stated meeting on January 14, 2004. Mr. Wade Spruill also moved that this discussion be tabled until after the Board of Health meeting in January. Mr. John Gates provided a second and the vote was affirmative.

### **Report from Subcommittee on Medical Direction**

Mr. Delahousey introduced a draft for proposed legislation to secure liability immunity for Emergency Medical Personnel under the Tort Claims Act of 2003. After lengthy debate, Mr. Delahousey restructured his motion to read as follows:

***Resolution to amend legislation to provide limited immunity from liability for emergency medical services:***

*Request to the Mississippi State Board of Health to conceptually endorse resolution to provide limited immunity from liability for emergency medical services and to pursue an alternative vehicle to protect both on-line and off-line medical directors under the Tort Claims Act.*

Mr. Wade Spruill responded with a second and the vote was unanimously affirmative.

Mr. Delahousey introduced language for a proposal to allow EMT's to transport patients with pre-existing therapies not necessarily within their scope of practice to initiate and/or maintain.

***“Proposed regulations to allow EMT's to transport patients with pre-existing therapies:***

*EMT's of all levels (Basic, Intermediate, Paramedic), may attend and transport by ambulance, patients who have pre-existing procedures or devices that are beyond the EMT's scope of practice if:*

- 1. There is no need, or reasonably perceived need, for the device or procedure during transport; or*
- 2. An individual (including the patient himself) that has received training and management of the procedure or device accompanies the patient to the destination;*

*Note: Should doubt exist in regards to the transport of any device or procedure, medical control should be contacted for medical direction.”*

Dr. Hugh Gamble voiced a second and the vote was affirmative.

Mr. Delahousey moved for a proposed change in wording of the current State of Mississippi Statute 41-60-33 governing the requirements and training for use of the automated defibrillator.

## **(PROPOSED AED LEGISLATION – 2004 SESSION)**

AN ACT TO AMEND SECTIONS 41-60-33, 41-60-65 AND ADD SECTION 41-60-37, TO DEFINE WHO CAN AUTHORIZE USE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED); PROVIDE FOR NOTIFICATION OF ACQUISITION AND USE OF AID'S; REQUIRE AED RESPONSE PLAN FOR NON-HEALTH CARE FACILITIES OR ENTITIES THAT USE AED'S; AND

PROVIDE LIMITED IMMUNITY FROM CIVIL LIABILITY FOR THE GOOD FAITH USE OF AN AED TO PROVIDE EMERGENCY CARE; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

***SECTION 1. Section 41-60-31, Mississippi Code of 1972 is amended as follows:***

**§ 41-60-31. Definitions.**

As used in this act [Laws, 1999, ch. 489]:

(a) "AED" means an automated external defibrillator, which is a device, heart monitor and defibrillator that:

(i) Has received approval of its pre-market notification filed under 21 USCS, Section 360(k) from the United States Food and Drug Administration;

(ii) Is capable of recognizing the presence or absence of ventricular fibrillation, which is an abnormal heart rhythm that causes the ventricles of the heart to quiver and renders the heart unable to pump blood, or rapid ventricular tachycardia, which is a rapid heartbeat in the ventricles and is capable of determining, without intervention by an operator, whether defibrillation should be performed; and

(iii) Upon determining that defibrillation should be performed, automatically charges and advises the operator to deliver hands-free external electrical shock to patients ***or automatically delivers hands-free external electrical shock to patients*** to terminate ventricular fibrillation or ventricular tachycardia when the heart rate exceeds a preset value.

(b) "Emergency medical services (EMS) notification" means activation of the 911 emergency response system or the equivalent.

***(c) "Authorizing health care professional" means a Mississippi licensed physician, licensed physician assistant, advanced practice registered nurse, or other licensed health care professional, who is legally authorized to prescribe the use of AED'S.***

**Sources:** Laws, 1999, ch. 489, § 1, eff from and after July 1, 1999.

***SECTION 2. Section 41-60-33, Mississippi Code of 1972, is amended as follows:***

**§ 41-60-33. Requirements and training for use of automated external defibrillator.**

Any person may use an automated external defibrillator for the purpose of saving the life of another person in sudden cardiac death, subject to the following requirements:

- (a) ~~A Mississippi licensed physician must exercise medical control authority over the person using the AED~~ **AED'S are classified as medical devices by the U.S. Food and Drug Administration and therefore health care professional who is legally authorized, must prescribe the acquisition of AED'S and be involved in the possessor's program** to ensure compliance with requirements for **initial and ongoing** training, emergency medical services (EMS) notification and maintenance;
- (b) The person using the AED must have received appropriate training in cardiopulmonary resuscitation (CPR) and in the use of an AED by the American Heart Association, American Red Cross, National Safety Council or other nationally recognized course in CPR and AED use;
- (c) The AED must not operate in a manual mode except when access control devices are in place or when appropriately licensed individuals such as registered nurses, physicians or emergency medical technician-paramedics utilize the AED; ~~and~~
- (d) Any person who renders emergency care or treatment on a person in sudden cardiac death by using an AED must activate the EMS system as soon as possible., ~~and report any clinical use of the AED to the licensed physician.~~
- (e) **After each clinical use of the AED, the user or owners/managers of the facility where the AED was used must report the event to the authorizing health care professional and the local licensed emergency medical service provider. They must also comply with reporting and transferring of data from the AED if requested by the local licensed emergency medical service provider and/or the hospital that receives the patient on which the AED was applied.**
- (f) **The AED must be maintained and tested according to the manufacturer's operational guidelines.**
- (g) **Recommend that any AED placed for use in Mississippi be registered with the Mississippi Department of Health, Office of Emergency Planning and Response (OEPR), within thirty (30) days of receipt. The OEPR is authorized to promulgate rules and regulations for the placement and registry of AED'S in the State of Mississippi, and to require that copies of**

***the registration be posted at the facility or entity owning or having access to the operation of the AED. The OEPR will, in turn, notify the local licensed EMS provider(s) of all AED'S registered in their area of jurisdiction.***

***(h) Any business, facility or entity, other than a health care facility or individual home that acquires AED'S must develop a written AED response plan. The AED plan shall include.***

***(i) Who manages the AED program***

***(ii) Medical supervision from appropriate licensed health care professionals in the oversight of training of the AED***

***(iii) Standing orders stating when the AED should be used, when it should not be used, and training required to use it***

***(iv) How internal responders and the community's EMS team will be notified***

***(v) Types and locations of AED'S and other equipment (such as gloves, facemasks for CPR, etc.)***

***(vi) AED raining and refresher training policy including CPR***

***(vii) A process and schedule for checking and maintain equipment***

***(viii) A process to periodically review and update the policy and procedures***

***(ix) Any record that must be kept each time an AED is applied***

***(x) How to handle data recorded by the AED during use and transferring that data promptly to the responding local licensed EMS provider and/or hospital receiving a patient on which the AED was applied***

***(xi) Coordination with local licensed EMS providers regarding the placement and incidents of use of the devises***

***(xii) Program quality assurance. This shall include compliance with quality assurance policies and procedures imposed by the local licensed EMS provider and/or its medical director only if they expressly indicate they wish to be involved in the quality control program***

**Sources:** Laws, 1999, ch. 489, § 2, eff from and after July 1, 1999.

**§ 41-60-35. Individual authorized to use automated external defibrillator not limited from practicing other authorized health occupations.**

An individual may use an AED if all of the requirements of Section 41-60-33 are met. However, nothing in this act [Laws, 1999, ch. 489] shall limit the right of an individual to practice a health occupation that the individual is otherwise authorized to practice under the laws of Mississippi.

**Sources:** Laws, 1999, ch. 489, § 3, eff from and after July 1, 1999.

**SECTION 3.** *Section 41-60-37, Mississippi Code of 1972, is added as follows:*

**§ 41-60-37. Liability for AED use.**

*Any person who in good faith, with or without compensation, who has had appropriate training, including a course in CPR, has demonstrated a proficiency in the use of an AED, renders emergency care when medically appropriate by use of or provision of an AED, without the objection of the ill or injured victim(s) thereof, in accordance with the provisions of Sections 41-60-31, et. seq., shall be immune from civil liability for any personal injury as a result of that care or treatment, or as a result of any act, or failure to act, in providing or arranging further medical treatment, where the person acts as an ordinary, reasonably prudent person, or with regard to a health care professional, including the licensed physician who reviews and approves the clinical usage, as a reasonably prudent and careful health care provider would have acted, under the same or similar circumstances and the person's actions or failure to act does not amount to willful or wanton misconduct or gross negligence. In addition any authorized healthcare professional who prescribes an AED for public or private use, any person who provided training in CPR and in the use of an AED, any purchaser or leasee of an AED, any person responsible for the site where the AED is located and any expected user regularly on the premises shall not be liable for any civil damages as a result of any act or omission of acts related to the operation of an AED that do not amount to willful or wanton misconduct or gross negligence.*

There was an in depth discussion concerning the loss of the privilege of being allowed to escrow EMSOF Funds for large equipment purchases.

Mr. Delahousey moved for the MSDH-OEPR to contact the Mississippi State Auditors Office and petition for the privilege to escrow EMSOF Funds to be reinstated. Mr. Spruill provided a second and the motion passed by affirmative vote.

## **Adjourn**

No further business being brought to the floor, the meeting was adjourned in due form by Dr. Brian Amy – Chairman.